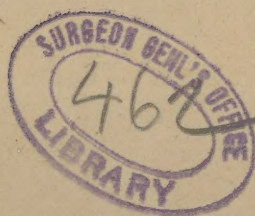




BENSON (C.C.)

Headaches in diagnosis



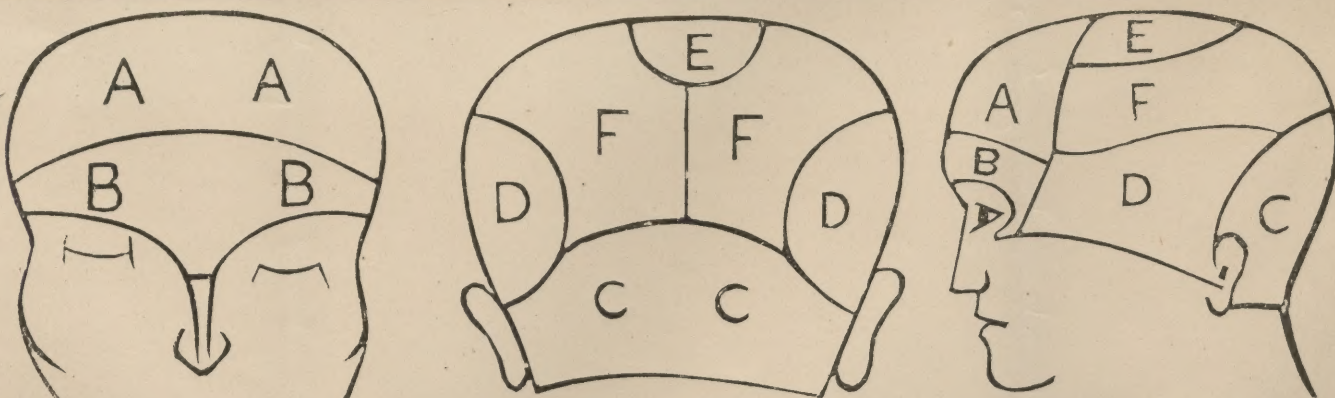
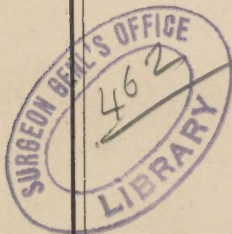


# HEADACHES IN DIAGNOSIS

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## Locations on Map Explained.

- A. A.** When pain is located in the forehead from the coronal suture to the superciliary ridges below, and within the temporal ridges on either side, *the large intestines and rectum are congested and overloaded with faeces.*
- B. B.** When pain is located below the superciliary ridges including the orbit, to the external angular process on either side of the forehead, *there is irritation of stomach and small intestines, or congestion at base of brain over orbits; or nasal catarrh; astigmatism or other visual defects, decayed front teeth; but if pain is located at and around the supraorbital notch, there is irritation of the sympathetic and vagus nerves of the stomach from reflex causes as in uterine and ovarian congestion, functional disturbance of heart, lung, etc., or congestion of the sheath of the supraorbital nerve at that point, due to sudden exposure to cold.*
- C. C.** When pain is located between the ears at the occiput below the lambdoidal suture, *there is congestion at base of brain and medulla-oblongata, or defective supply of blood, or anaemia; or spinal irritability from excesses in venery or masturbation.*
- D. D.** When pain is located in the temporal fossa, from the squamous suture to the zygoma below, and from the temporal ridge to the mastoid process, *there is congestion of the cerebral meninges, or embolus of the meningeal artery or inflammation of internal ear.*
- E. E.** When pain is located in the vertex, from the coronal to half the distance of the lambdoidal suture, and on either side of the sagittal suture to the superior outline of the parietal eminence, *there is deficient blood supply to superior convolutions of brain, or reflex irritation from uterus, bladder, rectum, or organs of generation, catarrh of eustachian tube, enlarged or diseased tonsils, injury to big toe joint; but if pain is deep seated, sharp, and radiating to sides of cranium, occurring only at night or before rising in the morning, there is syphilis.*
- F. F.** When pain is located in the region of the parietal bones, from the coronal to the lambdoidal suture, and from the squamous suture to the superior outline of the parietal eminence, *the liver, duodenum and small intestines are congested and there is constipation.*

## CAUSES OF HEADACHES.

**WITHIN THE CRANIUM:**—Excess or deficiency of blood in cerebral capillaries; thrombosis or embolus of cerebral vessels; meningitis, cerebritis, cerebral abscess; caries or necrosis of cranial bones; tumors of brain or meninges, cerebral concussion, internal or external compression.

**REFLEX CAUSES:** Abnormal states of stomach, of uterus, pregnancy, constipation, excesses in venery or masturbation, emotion.

**BLOOD CAUSES:**—Fevers, malaria, diphtheria, syphilis, uræmia, cholæmia, cholesteræmia, pyæmia, septicæmia, anæmia, chlorosis, scurvy, purpura, rheumatism, various drugs, tobacco and alcohol.

## Varieties of Headache and Vertigo.

**SYMPATHETIC** headache is present in disorders of alimentary canal or uterus, and is worse on awaking in the morning. Constant pain in the head arises from excess of urea in the blood; from lead poisoning, and from the lengthened use of strychnia, quinia, etc.

**Hemicrania**—Neuralgic headache, occurs on one side of scalp only which is sensitive to pressure, the pain is darting and usually attacks the face also.

**Rheumatism** of the scalp occurs on both sides in the occipito-frontalis muscle, and pain is induced by movements of the scalp and also of the muscles (sterno-mastoid and splenius) which move the head from side to side; mastication excites pain if the temporal and masseter muscles be involved.

**Inflammation** of the brain has the pain agonising and continuous, with fever, vomiting and delirium.

**In abscess** of brain or tumors, softening and similar affections of a chronic character, the headache is *persistent*, but less violent than in inflammation and only occasionally paroxysmal, with disturbed intellection and *deranged motion in walking*, and the pain is localized to one spot.

**In congestion** of brain, the pain is dull, *increased by stooping or lying and by long sleep or mental and bodily exertion*, associated with flushed face, throbbing carotids and heated scalp.

**In disease of the meninges** when chronic, the pain is constant and fixed, and sometimes lancinating with heat of forehead and local vascular excitement.

**In nervous anæmic women**, pain in the head is dull and severe, but transitory; followed by lassitude and soreness of scalp, no fever; but frequently confusion of vision and disconnection of thought.

**Vertigo** is a transitory sense of swimming of the brain with a fear of falling, and the illusion that fixed objects are moving. This arises whenever the blood supply to the brain is disturbed, and is connected with disease either of the brain, heart, liver or kidneys. It may occur in anaemia also, or in gastric derangements; or in loss of blood, and exhausting discharges.

When the cause of the vertigo is confined to the brain, there are no disturbances in other organs to account for it; but there will be a constant sense of uncertainty or incoordination of movement, persistent headache, and unlike sympathetic vertigo, fixed objects appear to move and not the patient, and *closing the eyes relieves this vertigo*.

If the vertigo be associated with partial deafness or ringing noises in the ears, there may be an affection of the internal ear, such as inflammation of the semicircular canals of its labyrinth; and if so, the attack will be sudden. Sometimes vomiting, with pain in the affected ear and symptoms of fainting or apoplexy may be present; vertigo of this kind is rapidly fatal; or it may lead to giddiness or persistent unsteadiness in standing or walking, which with the deafness, is pathognomonic of Ménière's disease. In some cases there is a tendency to turn to one side or to move in a circle.

In foreboding epileptic attacks, consciousness is momentarily lost, the vertigo recurs suddenly, perhaps with convulsions, even while in bed and dozing; the brain feels heavy and stupefied, but the health may be good.

**Vertigo** from overwork of the brain, when *persistent*, forebodes softening of that organ; and giddiness may be the only symptom of its disorder for a long time; but if this condition develop in middle life it is of serious import.

**Stomach vertigo** is paroxysmal, occurs during the night or early morning, and is associated with a dull heavy headache and gastric disturbance due to indiscretion in dietary; and if chronic, the intervals of relief are short, there is *no loss of consciousness*, and proper food and treatment will remove it.



